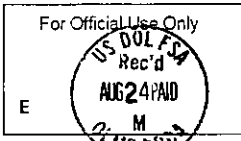


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>49421</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Charles</u> <u>Gibbons</u> P.O. Box, Bldg., Room No., if any <u>Box 78</u> Street <u>30-07 39th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>	4. Name, file number, and address of labor organization. Name <u>Local 365, UAW</u> Labor Organization File Number <u>035479</u> P.O. Box, Building and Room Number, if any <u>Box 78</u> Street <u>30-07 39th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Long Island City</u> Trade Name, if any: <u>Long Island City</u> P.O. Box, Bldg., Room No., if any <u>Box 78</u> Street <u>30-07 39th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>	7.a. Nature of Interest, Transaction, or Income. <u>Long Island City</u> 7.b. Amount. <u>Long Island City</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Charles Gibbons</u>	On <u>8-12-05</u>	<u>718-392-3600</u>
	Date	Telephone Number

Name of Person Filing Charles Gibbons

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 365 UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th Avenue

City Long Island City

State New York ZIP Code + 4 11101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trustee of Pension Fund (see attached)

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses and value of meals, hotel and airfare related to attendance at educational conferences/seminars.

12.b. Amount.

\$2,521

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Charles Gibbons

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bessemer Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 630 Fifth Avenue

City New York

State New York ZIP Code + 4 10111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 365 UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th Avenue

City Long Island City

State New York ZIP Code + 4 11101

11.a. Nature of such dealing.

Bessemer Trust provides investment management services to the Pension Fund

11.b. Approximate dollar value of such dealing.

\$13,600,000

12.a. Nature of interest held or income received.

Value of meals provided at Board of Trustee meeting held on 2/10/2004

12.b. Amount.

\$40

Name of Person Filing Charles Gibbons

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Seix Investment

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10 Mountain Road

City Upper Saddle River

State New Jersey ZIP Code + 4 07458

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 365 UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th Avenue

City Long Island City

State New York ZIP Code + 4 11101

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Seix Investment provides investment management services to the Pension Fund

11.b. Approximate dollar value of such dealing.

\$36,500,000

12.a. Nature of interest held or income received.

Value of meals provided at Board of Trustees meeting held on 5/14/2004

12.b. Amount.

\$110

Name of Person Filing Charles Gibbons

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Banc One Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 153 West 51st Street

City New York

State New York ZIP Code + 4 18019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 365 UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 30-07 39th Avenue

City Long Island City

State New York ZIP Code + 4 11101

11.a. Nature of such dealing.

Banc One Investments provides investment management services to the Pension Fund

11.b. Approximate dollar value of such dealing.

\$37,500,000

12.a. Nature of interest held or income received.

Value of meals provided at Board of Trustees meeting held on 8/6/2004

12.b. Amount.

\$110

Name of Person Filing Charles Gibbons

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square West

City New York

State New York ZIP Code + 4 10003

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 365, UAW Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th Avenue

City Long Island City

State New York ZIP Code + 4 11101

11.a. Nature of such dealing.

Amalgamated Bank provides custodial and investment management services for the Pension Fund

11.b. Approximate dollar value of such dealing.

\$12,800,000

12.a. Nature of interest held or income received.

Value of gift (blanket)

12.b. Amount.

\$38

LM-30 Attachment

Name: Charles Gibbons

Ending date of report period: 12/31/04

LM-30 File Number: To be assigned

LM-30 Items

Number

8, 9, 11a and 11b

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.